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Notice of Independent Review Decision

DATE OF REVIEW: February 13, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

An EMG/NCS of the BLE (bilateral lower extremities)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This physician is Board Certified by American Board of Orthopedic Surgeons with over 40 years of experience.

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

11/01/06: Interim History and Physical by DO with Anesthesiology, PA
12/20/06: Interim History and Physical by DO with Anesthesiology, PA
01/04/07: Operative Report by DO
05/21/10: Initial Prospective Review by MD with MRIoA
08/02/10: SOAP note by MD
08/05/10: Initial Prospective Review by MD with MRIoA
03/14/11: SOAP note by MD
04/15/11: Initial Prospective Review by Do with MRIoA

07/25/11: SOAP note by MD
12/12/11: SOAP note by MD
12/27/11: UR performed by MD
01/11/12: UR performed by MD

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured on xx/xx/xx. She is status post L5/S1 TLIF.

11/01/06: The claimant was evaluated by DO who diagnosed status post lumbar laminectomy and sacroiliitis. Plan: Increase Baclofen, switch over to Avinza, stop Duragesic and work on tapering the short-acting Norco. A right and left sacroiliac joint injection under fluoroscopy was also recommended.

01/04/07: Operative Report by DO. Preoperative diagnosis: 1. Status post lumbar laminectomy. 2. Sacroiliitis. Procedure: Right and left sacroiliac joint injection under fluoroscopy.

05/21/10: Initial Prospective Review by MD with MRIOA. It was noted in this report that a previous EMG/NCS (no date provided) was mentioned in a doctor's note on 10/06/06 showing NCS consistent with bilateral L5-S1 radiculopathy and EMG of the bilateral lower extremities noting chronic denervation bilateral L5-S1. Explanation of Findings denying EMG/NCS: The patient has history of 2 spinal fusion surgeries. Per the note on 05/17/10, patient continues to have low back pain and left lower extremity radiculopathy. Per ODG Guidelines "EMG may be useful to obtain unequivocal evidence of radiculopathy, after 1-month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." The doctor's evaluation report dated 10/06/06 states the patient has had NCS/EMG study previously. In addition, patient also had a lumbar myelogram and CT on 07/28/06 that suggested no surgical indication. The records provided do not specify any new findings that would justify a repeat study. With this, it is deemed that the clinical information obtained does not establish the medical necessity of Bilateral Lower Extremity EMG/NCS.

08/02/10: The claimant was evaluated by MD who reported bilateral Achilles and posterior tibialis were 3/3. Sensory of the bilateral lower extremities was noted to be normal. Diagnosis: Status post L5/S1 TLIF with residual back and leg pain. Plan: Continue Norco and Soma.

08/05/10: Initial Prospective Review by MD with MRIOA. Explanation of Findings denying EMG/NCS: The history and documentation do not objectively support the request for EMG/NCS of the bilateral lower extremities at this time. There is no indication for the study described in the records. The claimant was doing well on 08/02/10 and there is no mention of the study in the note.

03/14/11: The claimant was evaluated by MD for pain in her left leg with numbness and buckling that was occurring more often. On physical examination ROM of the lumbar and lower extremities was normal, motor strength of the lower extremities was 5/5 in all muscle groups, reflexes were 3/3 bilaterally for the patella, Achilles, and posterior tibialis, and sensory was normal in the bilateral lower extremities. Plan: Continue Norco and Soma and EMG of the bilateral lower extremities to evaluate the spasms in her left leg and knee buckling complaints.

04/15/11: Initial Prospective Review by Do with MRIOA. Explanation of Findings denying EMG/NCS: The patient has no neuro findings on examination to support the need for an EMG. ODG does not support the need for an NCV if diagnosing extremity radiculopathy. The patient is complaining of weakness in the left knee and buckling; she had similar complaints a year ago and 2 years ago. Her fusion is known to be stable. There is no support for an EMG at this time.

07/25/11: The claimant was evaluated by MD who noted she was no longer working due to the severity of her pain. On physical examination, ROM and motor strength were unchanged. Reflexes were reported to be 2/3 bilaterally for the L4 patellar reflex, posterior tibialis reflex, and S1 Achilles reflex. (Incomplete report)

12/12/11: The claimant was evaluated by MD who reported on physical examination normal motor strength, reflexes 2/3 bilaterally for the L4 patellar reflex, posterior tibialis reflex, and S1 Achilles reflex, normal sensory in the bilateral lower extremities, and negative straight leg raise bilaterally. Diagnosis: Status post L5/S1 TLIF PSF L5-S1 with back and leg pain, rule out adjacent level disease, rule out pseudoarthrosis, rule out acute lumbar radiculopathy. Plan: X-rays with flexion and extension to rule out pseudoarthrosis, loose hardware, broken hardware, and assess adjacent level. EMG to rule out radiculopathy. Continue medications.

12/27/11: UR performed by MD. Rationale for Denial: According to the clinical documentation provided there is lack of evidence that the patient has had at least 1 month of conservative therapy. The clinical documentation provided lacks evidence of radiculopathy upon recent physical examination. Given that the evidence based guidelines do not recommend the nerve conduction studies, the request for an EMG/NCS of the bilateral lower extremities is not medically necessary. Given that there is a lack of evidence that the patient has had conservative treatment, that there is lack of evidence of radiculopathy upon recent physical examination, and that evidence based guidelines do not recommend a nerve conduction study, the request for EMG/NCV of the bilateral lower extremities is not medically necessary.

01/11/12: UR performed by MD. Rationale for Denial: Medical records do not demonstrate radiculopathy on this patient and do not demonstrate significant conservative care for this patient other than medications. The Official Disability Guidelines do not recommend nerve conduction studies, as there is minimal justification for performing these studies when a patient is observed to have symptoms on the basis of radiculopathy. The clinical record indicates this patient has normal strength, normal

reflexes and normal sensation in the bilateral lower extremities. As such, there is no indication of the radiculopathy and there is no need for EMG's or nerve conduction studies, as radiculopathy has not been demonstrated.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The requested EMG/NCS of the BLE (bilateral lower extremities) is denied. There is no documentation of changes in her neurological condition since May 2010. At that time she complained of both back pain and left leg pain and her symptoms appear to be the same now. On 12/12/11 MD reported on physical examination normal motor strength, reflexes 2/3 bilaterally for the L4 patellar reflex, posterior tibialis reflex, and S1 Achilles reflex, normal sensory in the bilateral lower extremities, and negative straight leg raise bilaterally. According to ODG, EMGs may be useful to obtain unequivocal evidence of radiculopathy. As there are no positive neurological findings indicating radiculopathy on the most recent physical exam, the request for EMG of the BLE would not be deemed medically necessary. Furthermore, ODG does not recommend NCS, therefore, the request for NCS of the BLE would also be denied.

ODG:

EMGs (electromyography)	Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. (Bigos, 1999) (Ortiz-Corredor, 2003) (Haig, 2005) No correlation was found between intraoperative EMG findings and immediate postoperative pain, but intraoperative spinal cord monitoring is becoming more common and there may be benefit in surgery with major corrective anatomic intervention like fracture or scoliosis or fusion where there is significant stenosis. (Dimopoulos, 2004) EMG's may be required by the AMA Guides for an impairment rating of radiculopathy. (AMA, 2001) (Note: Needle EMG and H-reflex tests are recommended, but Surface EMG and F-wave tests are not very specific and therefore are not recommended. See Surface electromyography .)
Nerve conduction studies (NCS)	Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) See also the Carpal Tunnel Syndrome Chapter for more details on NCS. Studies have not shown portable nerve conduction devices to be effective. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**